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Bib Data Sheet

CONFIRMATION NO. 6288

SERIAL NUMBER 10/629,366	FILING DATE 07/29/2003 RULE	CLASS 128	GROUP ART UNIT 3743	ATTORNEY DOCKET NO. 01-18
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** CONTINUING DATA *****

This appln claims benefit of 60/402,335 08/09/2002 *AB*

** FOREIGN APPLICATIONS *****

none AB

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/27/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged <i>Michael W. Haas</i> Examiner's Signature	<i>AB</i> Initials	PA	8	42	5

ADDRESS

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TITLE

Patient interface and headgear connector

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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